

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL097014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/10/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILKES COUNTY ADULT CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>176 REST HOME ROAD</b> <b>WILKESBORO, NC 28697</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  Report of a Follow-Up Complaint Construction Survey by Ed Miller and Frank Strickland on February 10, 2016.  The following deficiencies cited during the Complaint Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction. A new citation was added.	{C 000}		
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe condition because of a badly damaged bedroom door. Damaged bedroom doors cannot resist the passage of fire and smoke. Finding on February 10, 2016: The door to bedroom 5 and 4 are not of solid core construction.  2. Based on observation, the facility was not maintained in a proper operating condition because of a poorly installed air conditioner in a window in the main dining room. Poorly installed air conditioners can allow cold air and/or insects to enter the facility.	{C 189}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 189}	Continued From page 1  Finding includes: There were open holes around the air conditioner installed in the main dining room.	{C 189}			